



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: **Kazunori KUSANO**

Art Unit: **3732**

Application Number: **10/527,338**

Examiner: **Sunil K. Singh**

Filed: **March 10, 2005**

Confirmation Number: **3526**

For: **KIT FOR DIAGNOSING PULP EXPOSURE AND A PROBE SYRINGE**

Attorney Docket Number: **082407**

Customer Number: **38834**

**SUBMISSION OF POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS
INDICATION FORM (PTO/SB/81)**

Commissioner for Patents
P. O. Box 1450
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March 10, 2009

Sir:

Applicants submit herewith a Power of Attorney and Correspondence Address Indication Form (PTO/SB/81).

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Respectfully submitted,

WESTERMAN, HATTORI, DANIELS & ADRIAN, LLP

Ryan B. Chirmomas
Attorney for Applicants
Registration No. 56,527
Telephone: (202) 822-1100
Facsimile: (202) 822-1111

RBC/kem



PTO/SB/81 (07-08)
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	Filing Date	03/10/2005
	First Named Inventor	Kazunori KUSANO
	Title	Kit for diagnosing pulp ...
	Art Unit	3732
	Examiner Name	Singh, Sunil K.
	Attorney Docket Number	082407

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record			
Signature		Date	3/1/2009
Name	Kazunori KUSANO	Telephone	
Title and Company	Kusano Dental Office		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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